PTO/SB/05 (06-03)

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	Attorney Docket No.   PF176P1C1							
UTILITY	First Inventor Ralph Alderson							
PATENT APPLICATION TRANSMITTAL	Title	Title Fibroblast Growth Factor-14						
(Only for new nonprovisional applications under 37 CFR 1.53(b))	Expres	Express Mail Label No.						
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application co.	ntents.	ADDF	RESS TO	O: Con P.O	. Box 145	r for Patents	)	5 U.S. PTO /662455
X Specification Compared and edipolate for the processing Specification Compared and edipolate for the processing Specification Compared Compa	3 1	a. [ b.	Compute cleotide an applicable, X Compu Specificatio	r Program d/or Amin all necess iter Read in Sequer CD-ROM ients verif	n (Appendix to Acid Seq sary) able Form ( nce Listing of or CD-R (2 ying identity	uence Submission CRF) on: copies); or y of above copie	ii. X I	ad 15535 U.S
Background of the Invention     Brief Summary of the Invention			ACCO	MPANY	NG APPL	ICATIONS PA	ARTS	
Brief Description of the Drawings (if filed)     Detailed Description	1	9.	1			eet & document(		
Claim(s)     Abstract of the Disclosure		10. X		3.73(b) St ere is an	atement assignee)	Powe		
	4_ 1	11.	<u>.</u>	ranslation on Disclo		(if applicable)		
	ا ا	12.	Statemer	nt (IDS)/P	TO-1449	Citations	IDS	
a. Newly executed (original or copy)  Dopy from a prior application (37 CFR 1.63(d))	- 1	13.	]	ry Amend	iment stcard (MPI	ED 500)		
b. X (dev continuativitivition) with Box 18 completed)  i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application,	)	14. X 15.	(Should be Certified )	oe specifi Copy of F priority is al	cally itemize riority Docu aimed)	ed)	(b)(2)(B)(i	n.
see 37 CFR 1.63(d)(2) and 1.33(b).	- 1	17. X	Applicant	must atta	ach form P1	O/SB/35 or its e stcard; and	quivalent	_
6. X Application Data Sheet. See 37 CFR 1.76 (4 pages)			, [	Stateme	nt Under	37 C.F.R. 1.82	(f);	
If a CONTINUING APPLICATION, check appropriate box, following the title, or in an Application Data Sheet under 37 CF.      Continuation Divisional Continuation	R 1.76:		isite inform		w and in th	e first sentence		cification
Prior application information: Examiner Not Ye	t Assia	ned		Art Unit:		N/A		
For CONTINUATION or DIVISIONAL APPS only: The entire Box 5b, is considered a part of the disclosure of the accompan	disclosure ying conti	of the prinuation or	divisional	on, from application	which an oa n and is he	th or declaration	ls suppli	led under rence.
19. COF	RESPO	NDENCE	ADDRES	ss				
X Customer Number:	2	2195			OR	Correspondence	address	below
Name								
Address								
City Sta	te				Zip Code			
Country Tel	ephone				Fax			
Name (Print/Type) Janet My Martineau	1	Reg	istration No	. (Attorne		46,903		$\exists$
Signature Tank A.	Ma	ew'			Date S	September 1	6, 200	3
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Approved for use through 04/30/2003. Other files for 50-40/2003. Other files for 50-40/2003. Other files for 50/30/2003. Other

EEE TO A MOMETTAL		Complete if Known							
FEE TRANSMITTAL	Application Number				er	Not Yet Assigned			
for FY 2003	Filing Date					Concurrently Herewith			
Effective 01/01/2003. Petent fees are subject to ennuel revision.	Ţ	First Named Inventor				Ralph Alderson			
Ellective 01/01/2003, Peletit lees elle stabject to efittoel revision.	Examiner Name					Not Yet Assigned			
Applicant claims small entity status. See 37 CFR 1.27	- 1	Art Unit				N/A			
TOTAL AMOUNT OF PAYMENT (\$) 990.00	ᄀ	Attorney Docket No.				PF176P1C1			
METHOD OF PAYMENT (check all that apply)	_	_	_	FEE	CALCUL	ATION (co	ontinued)		
Check Credit Money Other None		DDITI	ONAL						
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Deposit Account 08-3425	Fee	arge Entity Small Entity				Fee Des			
Number	Code	(\$)	Code	(\$)		ree Desi	cription	Fee Paid	
Deposit Account Human Genome Sciences, Inc.	1051	130	2051	65	Surcharge -	- late filing fo	e or oath		
Name	1052	50	2052	25		– late provisi	onal filing fee or cover		
The Director is hereby authorized to: (check all that apply)		sheet.							
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-Englis	h specification	in		
X Charge any additional fee(s) during the pendency of this application	1812	2,520	1812	2,520			parte reexamination		
Charge fee(s) indicated below, except for the filing fee	1804	920*	1804	920*	Requesting Examiner a		of SIR prior to		
to the above-identified deposit account.	1805	1,840°	1805	1.840°	Requesting	publication	of SIR after		
FEE CALCULATION	1251	110	2251	55		aminer ection tension for reply within first month			
1. BASIC FILING FEE	1252	410	2252	205					
Large Entity Small Entity	1253	930	2253	465	Extension f	or reply withi	n third month		
Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,450	2254	725	Extension f	or reply with	n fourth month		
Code (\$) Code (\$) 1001 750 2001 375 Utility filing fee 750.00	1255	1,970	2255	985	Extension f	or reply withi	n fifth month	1	
1002 330 2002 165 Design filing fee	1401	320	2401	160		lotice of Appeal			
1003 520 2003 260 Plant filing tee	1402	320	2402	160	Filing a brie	of in support of	of an appeal		
1004 750 2004 375 Reissue filing fee	1403	280	2403	140	Request for	r oral hearing			
1005 160 2005 80 Provisional filing fee	1451	1,510	1451				olic use proceeding		
SUBTOTAL (1) (\$) 750.00	1452	110	2452	55		etition to revive unavoidable etition to revive - unintentional			
	1453 1501	1,300	2453 2501	650					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE  Extra Fee from	1502	470	2502	650 235	Design Issu	fee (or reiss	uej		
Total Claims 24 -20** = 4 x 18.00 = 72.00	1503	630	2502	315	Plant issue			$\vdash$	
Independent 5 -3** = 2 x 84.00 = 168.00	1460	130	1460	130		issue fee ons to the Commissioner			
Claims	1807	50	1807	50		ocessing fee under 37 CFR 1.17(q)			
Multiple Dependent	1806	180	1806	180	-				
Large Entity Small Entity Fee Fee Fee Fee							on Disclosure Stmt assignment per	$\vdash$	
Code (\$) Code (\$) Fee Description	8021	40	8021	40	property (tir	mes number	of oroperties)	$\vdash$	
1202   18   2202   9   Claims in excess of 20   1201   84   2201   42   Independent claims in excess of 3	1809	750	2809	375	(37 CFR 1.	submission after final rejection R 1.129(a))			
1203 280 2203 140 Multiple dependent claim, if not paid	1810	750	2810	375	For each ac	r each additional invention to be			
1204 84 2204 42 ** Reissue independent claims	1801	750	2801	375		xamined (37CFR 1.129(b)) Request for Continued Examination (RCE)			
over original patent	1802	900	1802	900	Request for	e petibeqxe			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		her fee (specify)				aoplication		$\vdash \vdash$	
SUBTOTAL (2) (S) 240.00		ced by E		log Egg	Poid	CURTO	TAL (3) (\$)	0.00	
**or number previously paid, if greater, For Reissues, see above		- 20	30510	(5) [(8)	0.00				
SUBMITTED BY		_	_			Complete	(if applicable)	_=	
Name (Print/Type) Janet M. Martineau , (Registration No. (Attomog/Agent) 46,903						Telephone	(301) 315-2723		
Signature WMIT   (AltornoyAgent)						Date	September 16.		
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